

<i>SERFF Tracking Number:</i>	<i>CAPC-125626492</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>#43258 \$20</i>
<i>Company Tracking Number:</i>	<i>08-CRIME-FO-MU-049</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>ISO Crime and Fidelity-Adopting Delayed Multistate Forms Revision</i>		
<i>Project Name/Number:</i>	<i>ISO Crime and Fidelity-Adopting Delayed Multistate Forms Revision/08-CRIME-FO-MU-049</i>		

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: ISO Crime and Fidelity- SERFF Tr Num: CAPC-125626492 State: Arkansas

Adopting Delayed Multistate Forms Revision

TOI: 26.0 Burglary & Theft SERFF Status: Closed State Tr Num: #43258 \$20

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 08-CRIME-FO-MU-049 State Status: Fees verified and received

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Amanda Mullen	Disposition Date: 05/14/2008
	Date Submitted: 04/28/2008	Disposition Status: Approved

Effective Date Requested (New): 05/01/2008

Effective Date Requested (Renewal): 05/01/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal):
05/01/2008

State Filing Description:

General Information

Project Name: ISO Crime and Fidelity-Adopting Delayed Multistate Forms Revision

Project Number: 08-CRIME-FO-MU-049

Reference Organization: ISO

Reference Title:

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: CR-2006-OFR06

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: CR-2006-OFR06

Advisory Org. Circular:

Deemer Date:

We are adopting the above-referenced ISO filing effective 05/01/2008 new and renewal business rather than the dates given by ISO.

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We had previously informed you of this delay via our filing #07-CRIME-FO-MU-161.

Thank you for your time and consideration of our filing.

Company and Contact

Filing Contact Information

Amanda Mullen, akmullen@capitolindemnity.com
PO Box 5900 (608) 829-4839 [Phone]
Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
PO Box 5900 Group Code: 501 Company Type:
Madison, WI 53705 Group Name: State ID Number:
(608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$0.00	04/28/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/14/2008	05/14/2008

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Disposition

Disposition Date: 05/14/2008

Effective Date (New): 05/01/2008

Effective Date (Renewal): 05/01/2008

Status: Approved

Comment: Filing to adopt CR-2006-OFR06

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>CAPC-125626492</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	05/14/2008

Comments:

Attachment:

Crime Forms Trans Doc.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7.	Signature of authorized filer	
8.	Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	
10.	Sub-Type of Insurance (Sub-TOI)	
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	